PROCEEDINGS

OF THE

WESTMINSTER MEDICAL SOCIETY.

SESSION 1848-9. No. 2.

December 9, 1848.

FRANCIS HIRD, Esq., President, in the Chair.

Mr. Harvey exhibited an Acephalous Monster born at the full period of pregnancy.

Another child accompanied it, which was remarkable for its badly-nourished condition; the funis was small and short; there were two placentæ; that belonging to the monstrosity was very large. When it was born, the integuments presented a dark blue colour above the umbilicus, and below it a pale red. The exterior view presented no head or upper extremities: the inferior extremities, large and well-formed, terminated in club-feet; the left foot had three toes, the right five, each furnished with a nail. On the fleshy substance above and between the shoulders, representing the head, were observed some slight tufts of hair, and two button-shaped fleshy substances, the one in the centre and the other to the right side; the external organs of generation were well marked as a female, and the anal aperture communicated with the intestinal tube. An incision was made through the centre of the body, with the view of inspecting the parts within; it brought into view a cavity containing the base of the skull resting on the atlas on either side, bounded by the ribs; neither clavicle nor sternum was present. The cavity was filled with loose cellular structure and a sac, which would contain about a teaspoonful of fluid; the internal layer resembled the fibrous structure of the auricles of the heart. The connexion of the sac with the umbilical vessels was made out, but no vessel could be discovered running from it; perhaps this was in consequence of decomposition. A large vessel, probably the aorta, took the course of the vertebral column on each side, and terminated in four distinct branches at the sacrum, two running to the anterior part of the thigh, and two to the posterior. There was an absence of all the viscera of the abdomen, excepting the intestinal tube,

which was closely adherent to the abdominal parietes. The urinary organs and the internal organs of generation were also absent; the spinal portion of the skeleton was greatly incurvated, and on each side of the three upper ribs was a loose portion of bone resembling a scapula. The spinous processes of the vertebræ were much enlarged, and the vertebral canal was filled with spinal marrow; the nerves arising from it were observed to be large and irregularly distributed. Very little muscular structure was observed, the anterior parietes of the abdomen being composed, solely, of common integument and adipose structure.

A communication was read from Mr. I. B. Brown, stating that he had used collodion with advantage in cases of sore nipples.

Dr. Lankester exhibited a fatty kidney, taken from a patient who had died of phthisis, and who had been taking cod-liver oil. He inquired whether any connexion was probable between the disease of the kidney and the medicine.

Dr. Lankester narrated a case of Poisoning by Opium.

An Irish woman, aged forty, was admitted into University College Hospital, at eleven A.M., on April 8. She was supposed to have taken opium, and had been brought to the hospital six months previously, under the same circumstances. Her face and hands were livid; there was no pulse perceptible at the wrist; the breathing was slow, laborious, and accompanied with a loud mucous rhonchus. The carotids beat irregularly, about fifty strokes in the minute. The accompanying coma was profound. The stomach-pump was applied, and coffee with ammonia injected into the stomach. The patient was undressed, and several pitchers of cold water were poured over her from a height. This had the effect of slightly arousing her, but the surface became cold, and she was wrapped in blankets, and her feet put in hot water, from which she directly withdrew them. Some more warm coffee was administered by the stomach-pump at half-past twelve, the coma still continuing; the surface was cold; no pulse at the wrist; the breathing stertorous. She was put into a hot bath, which had the effect of causing a momentary return of sensibility; after this she began to swallow, and more coffee was administered with ammonia. At two o'clock the symptoms were worse; the pupils, which at first were not remarkably contracted, now became so. The coma increased, and the breathing became more stertorous and embarrassed; an enema of turpentine was administered, but no improvement took place in the symptoms. The difficulty of breathing and coma increasing, she was bled to six ounces from the arm. The symptoms slightly improved. An attempt was made to walk her about the ward, but no sooner was she placed in an upright position than the respiration became embarrassed, and the coma increased. Under these circumstances, the electro-magnetic battery was employed, and currents of electricity were passed through the shoulders, chest, abdomen, arms, and legs. Under this treatment the

symptoms improved; the pulse became perceptible at the wrist; the tendency to drowsiness continued to a greater or less extent till ten P.M., but was effectually prevented by passing a weak electric current through both arms. When recovered, she stated that, at five o'clock the previous evening, she had taken a shilling's worth (about two ounces) of laudanum. She had, therefore, been eighteen hours under the influence of the poison before any treatment was commenced. She was discharged from the hospital, but was subsequently readmitted, with gangrene of the lungs, of which she eventually died. The post-mortem examination revealed a tuberculous condition of the left lung, and a large cavity, produced by gangrene, on the right lung.

The author drew attention to the following points:—1. The condition of the patient when brought to the hospital. The symptoms were of such a nature, that all who saw her despaired of affording any relief, and only a sense of duty prompted them to make an effort for the rescue of the patient. 2. The benefit experienced in the use of cold affusion in this case would warrant its application in similar cases, or wherever the same combination of symptoms was present. 3. From the effect of the ammonia and the turpentine enema in this case, it may be inferred, that such stimulants are amongst the remedies in cases of poisoning by opium which should not be had recourse to but under the most urgent circumstances. The condition of the nervous system is very different in coma from narcotic poisons, and coma from mere congestion. 4. The reaction which was observed at two o'clock, and attended with more decided symptoms of narcotism, may, perhaps, serve to explain the cause of death in cases where persons have apparently recovered from the effects of narcotic poisoning, and afterwards again sunk. 5. The evident advantage of using the electro-magnetic apparatus as a means of arousing the sensorium in cases of poisoning by opium, especially when, as in the present case, other means cannot be well employed. 6. The tuberculous condition of the lungs may suggest the question, as to whether this was the result of the depression brought about by the poisoning, or whether, rather, this condition was not present when the poison was taken, and contributed to that congestion of the lungs which was so remarkable a feature of the case, and brought on the gangrenous condition of these organs, of which the woman died. 7. The non-contracted condition of the pupils, and the want of opium smell in the contents of the stomach, are points worthy of notice in this case.

December 16, 1848.

JOHN WEBSTER, M.D., F.R.S., President, in the Chair.

Mr. Canton exhibited a preparation of an ununited, comminuted fracture of the surgical neck of the humerus, accompanied by displacement of the long bicipital tendon; also an example of unreduced dis-

location of the radius forwards at the elbow, with partial luxation of the ulna inwards.

Both specimens were removed from the right arm of an elderly female, and no history of them could be ascertained. In the first preparation a strong fibrous capsule was formed, enclosing the ends of the broken bone, and in it were entangled the comminuted fragments, one of which was coated with porcellanous material, in a manner similar to that part of the surface of the shaft it had played on. The shaft was drawn upwards and inwards; the biceps tendon was well retained in its new situation on the lesser tubercle of the humerus, and the articular surface of the bone was directed unnaturally outwards. In the second preparation Mr. Canton remarked, it was interesting to observe the great degree of mobility Nature had established, though the accurately-fitting surfaces of the ulna and humerus no longer rightly corresponded with each other; and this end had been obtained by a modification of the form of the trochlea, and by extension inwards of its surface; so that, from this latter circumstance, the projection of the internal condyle was altogether lost. The head of the radius revolved freely in a broad cavity above the capitulum humeri, and was retained *in situ* by a strong coronary band passing from the external condyle to the anterior edge of the lesser sigmoid cavity of the ulna. The coronoid fossa was obliterated, and the pit for the olecranon nearly filled up.

Mr. Henry Smith related a case of perinæal abscess, accompanied by symptoms resembling quotidian ague.

The patient was a middle-aged gentleman, who had been under treatment for a month when Mr. Smith first saw him, for what was supposed to be quotidian ague, but had received no benefit. On the third day after the first visit, the patient called his attention to a painful sensation he had in the perinæal region, and, on inspection, a tumour was discovered containing matter, which was evacuated in large quantities, and on the following day a stricture was discovered, and a small catheter passed. The patient was greatly relieved, and recovered quickly, having had no return of the rigors, or other feverish symptoms, since the operation. The author observed, that although it was far from uncommon to meet with cases in which symptoms simulating ague accompanied diseases of the urinary apparatus, especially perinæal abscess, at the same time he thought it was rare to meet with a case in which the symptoms were so prominent and so strikingly similar to ague, that they alone attracted the attention of the practitioner who had attended him, and were treated as ague for about three weeks, while the *fons et origo mali* had not been discovered. The paper concluded by a few remarks upon the sympathetic effects of stricture of the urethra.

December 23, 1848.

FRANCIS HIRD, Esq., President, in the Chair.

Mr. Henry Smith narrated the following case:—

He had been called to a case of Scarlatinal Dropsy, commencing about ten or fourteen days after the eruption appeared, but as he had not attended the case at first, he could not speak positively on this point. The boy's age was sixteen. Mr. Smith was sent for, as the boy was in a fit; he applied a blister to the neck, and gave a strong purging dose; the convulsions, however, recurred frequently, and in the evening he bled him to eight or ten ounces. Immediately the convulsions ceased, but the respiration became very difficult, from obstruction in the bronchi, and he died from asphyxia, the next morning. Before bleeding, the pulse was quick and sharp, and the pupils dilated; the urine was very scanty, and of a deep red colour. Mr. Smith asked if the bleeding had probably accelerated the death?

Dr. Snow read a paper on the use of Chloroform in Parturition:—

He said that the chief objections which had been made to the use of anæsthetics in midwifery were of an *à priori* kind, but that the question ought to be decided by experience. Some objections had arisen from the supposed necessity of inducing a deep state of insensibility, and he was of opinion that if it were requisite to cause the same amount of insensibility in midwifery, as is required in surgical operations, this would be a valid objection, as he considered that this state could not be continued for two or three hours without injury to the patient. But this amount of insensibility was not required in obstetric practice except to arrest or diminish strong uterine action for a few minutes to facilitate turning the child. The suffering, attendant on labour, might often be greatly relieved, or even altogether removed, without suspending the consciousness of the patient. Towards the conclusion of labour it was usually necessary to carry the effect of the vapour a little farther, but even then it should not exceed the second degree of anæsthesia, or that condition of the patient in which the mental functions are not altogether suspended, but in which there is a dreaming or wandering state of the mind; the patient, nevertheless, usually remaining silent if not spoken to. In labours unassisted by manual or instrumental aid, the auxiliary action of the respiratory, and even of the voluntary muscles, continued without interruption when the chloroform was well managed. He considered that a medical attendant acquainted with the action of chloroform, and the mode of applying it, might administer it with propriety in all cases, in which the pain was either severe or protracted, whether they fell within the division called natural labours or not. He then related two cases in illustration of the beneficial action of chloroform. He used an apparatus in administering it,

and gave a little at the beginning of each pain. He disapproved of Dr. Simpson's plan of giving chloroform on a handkerchief, and more particularly of his practice of putting three or four drachms on the handkerchief to begin with. To show the danger of this practice, he alluded to the fatal cases published, and read some notes, furnished to him by Mr. Henry Smith, of a case in which the patient very nearly lost her life from chloroform given in this manner, preparatory to an operation. Chloroform was of great service in removing rigidity of the os uteri and of the perinæum, and it had relieved puerperal convulsions in two cases on record.

Dr. Snow concluded by remarking, that as all medical men were actuated in their views only by a desire for the well-being of their patients, the difference of opinion in the profession concerning the employment of chloroform in midwifery ought not to be attended with any acrimonious feelings.

January 6, 1849.

JOHN WEBSTER, M.D., F.R.S., President, in the Chair.

Mr. Hancock related a case, in which he had removed the os calcis from a patient suffering from caries of that bone, a proceeding which he believed had never been previously adopted; and although, from the causes detailed, the case did not terminate so favourably as could be desired, still the operation had succeeded in two instances, related by Mr. Greenhow, at the Newcastle and Gateshead Pathological Society, and was therefore worthy of consideration.

R. W——, aged twenty-four, a butcher by trade, and of scrofulous diathesis, was admitted into the Charing-cross Hospital on the 23rd of May, 1848. He was suffering from caries of the os calcis of the right foot, with abscess; the bone was rough, but not loose. His other leg having been removed some two or three years before, for scrofulous disease of the knee-joint, Mr. Hancock was anxious to preserve as much of the remaining foot as possible, and accordingly decided, as the disease appeared to be limited to the os calcis, to confine his operation to the removal of that bone alone. Accordingly, on the 2nd of June, the patient having been placed under the influence of chloroform, assisted by Mr. Avery, and Mr. Canton, he removed the bone, by carrying a semilunar incision from the posterior angle of the inner malleolus across the sole of the foot, to the external malleolus, the convexity of the flap looking forwards. The flap, thus made, was carefully reflected, the tendo-Achillis divided, and the knife being carried from behind, forwards, between the astragalus and the os calcis, the latter was dissected out without any difficulty. Two or three vessels were tied, and the flap being brought over, the edges were united by sutures and strapping. The patient went on extremely well until the 6th, when erysipelas came on, accompanied with severe constitutional disturbance. On the 9th, a considerable portion of the

flap sloughed, and it eventually came away on the 16th, but sufficient skin remained to cover the bones completely. He continued to improve until the middle of July, the external wound being almost healed, and the foot becoming firm and of good shape; but at this time he was again attacked with erysipelas; several abscesses formed in the limb, both in the foot, above and below the wound, and in the leg and ham; his strength gave way, he became very low and weak, and it was evident that there was very little probability of saving his limb; but being anxious to give him every chance, Mr. Hancock determined to try the effect of the protein, so highly recommended by Mr. Tuson, and this was accordingly given in doses of fifteen, afterwards increased to twenty, grains, thrice daily. For some time his general health improved, but the foot did not mend, and at length, as the constitutional symptoms returned, and further delay appeared dangerous, the leg was removed at about five inches below the knee, on the 6th of October, just four months after the former operation. Mr. Hancock was inclined to attribute the want of success of the first operation to the state of the patient's constitution, and the attacks of erysipelas, rather than to other causes, and he was confirmed in this opinion by the success which had attended the two operations since performed by Mr. Greenhow, both of which were cases of accident and not disease. Mr. Hancock considered that this plan was well worthy the consideration of the profession, and should be selected in patients of good constitution, or in accidents, where the mischief was confined to the os calcis, rather than the methods hitherto employed, as thereby the ankle-joint is preserved entire, a matter of considerable importance to the patient. In conclusion, he corrected an error into which Mr. Greenhow had inadvertently fallen in the relation of his two cases, in stating that "the operation had never been performed before he did it." Mr. Greenhow had the credit of the first successful case, but the dates of the several operations prove that Mr. Hancock was the first to introduce the plan into the practice of surgery. His operation was performed on the 2nd of June, above ten weeks before Mr. Greenhow's first, which took place on the 15th of August, whilst his second was performed on the 17th of October.

Mr. Henry Smith exhibited the pharynx and trachæa of a child aged eleven months, on whom he had performed the operation of trachæotomy.

The child had suffered from chest affection for several days; and three days before he saw it, symptoms of obstruction in the upper part of the air-passages presented themselves. When he was called, he found that immediate interference was requisite, and therefore at once proceeded to open the trachæa. This he did in the usual way, with the loss of about an ounce and a half of blood. The operation lasted about a quarter of an hour, time being taken over it, as the little patient was very weak. The child lived six hours after the operation, and on examination after death the trachæa was

found healthy, the lungs being in some parts congested. The disease was confined to the pharynx and larynx, which had been inflamed and thickened, the epiglottis and glottis being involved in the mischief.

Mr. Nunn exhibited a bladder containing a small fungous growth, taken from a patient in the Middlesex Hospital, into which he had been admitted on December 6th, for hæmorrhage from the urinary organs, then existing about four days. No disease whatever could be felt by the hand applied over the pubes, or by the finger in the rectum, or by the catheter, and the man gradually died from hæmorrhage, losing from six to eight ounces of blood a day. He had had gout, but not for five years. The microscope showed pus globules in the urine.

Mr. I. B. Brown exhibited a Funis 38½ inches long, which had not been coiled round any part of the child.

January 20, 1849.

JOHN WEBSTER, M.D., F.R.S., President, in the Chair.

Mr. R. Greenhalgh read a paper on Ruptures of the Uterus and Vagina.

He stated that out of 78,018 deliveries occurring under the superintendence of Drs. Ramsbotham, Collins, Hardy McClintock, Joseph Clarke, and McKeever, this accident occurred eighty times, or once in 975 cases; out of 71 recorded cases by these authorities, 66 were fatal to the mothers — five only having recovered, or about 1 in 14. Out of 18 deliveries, 17 were fatal to the children. He then gave the result of nine cases recorded by Dr. Murphy in the seventh volume of the "Dublin Journal of Medicine," all of which were fatal to the mothers; eight of the children were still-born; one, a girl, was born alive; three mothers were 36 years of age—two, 30—one, 46—one, 26—one, 21. Two were in their tenth labour; two, in the first; two, in the third; one, in the eleventh; one, in the sixth; one, in the fifth. Eight were delivered by the crotchet; one by the natural efforts. One mother died eleven days after delivery; one, eight; one, six; one, four; one, three; one, two; two in thirty hours; one in twenty-four hours. In five cases the rupture occurred in the anterior part of the cervix uteri; two in the posterior; one patient was not examined, and in another no spot is specified as the seat of the accident.

The author then detailed a case to which he had been called. The patient was 35 years of age, in labour with her sixth child; the arm and shoulder presented, but this position was converted, by one of the gentlemen in attendance, into the first position of the head, about two hours after which she complained, during

a pain, that something had given way in her inside; vomiting, fainting, extreme prostration, oozing of blood from the os externum, together with recession of the presenting part, speedily followed. While suffering from these symptoms, Mr. Greenhalgh was first called upon to visit her. After giving her some brandy and laudanum, he proceeded to turn the child, which he accomplished with some difficulty in the space of about three-quarters of an hour, having first removed the placenta from the vagina, where it was found lying unattached. The child was still-born; the shoulder and arm were much swollen and ecchymosed, and over the right parietal bone was a distinct scalp tumour. She sank sixty hours after delivery, from exhaustion, in spite of a frequent and liberal supply of nourishment and stimuli. No circumstance had occurred during her pregnancy to induce her to seek medical advice; although, when closely questioned, she admitted that she had suffered more than usual from sickness, pains in her breasts and in the left iliac fossa, and that when the child moved it gave her an idea that it was passing "over a sore place."

No post-mortem examination was permitted; but during the operation of turning, a large rent was discovered, through which the child had escaped into the abdominal cavity, extending from the anterior and upper part of the vagina, through the os and cervix uteri, and passing obliquely to the right side of the pelvis. Mr. Greenhalgh drew the attention of the Society to the absence of symptoms, during this patient's pregnancy, of softening and inflammation; to the comparative immunity from this accident in women who have complained of tenderness, pain, and other symptoms usually regarded as indicative of uterine inflammation, which have gone on unchecked by medical treatment; to the feebleness of the uterine efforts in this case; and the very unusual circumstance of the conversion of a shoulder and arm presentation unto that of the head.

He then mentioned another case which occurred in a patient of the Middlesex Hospital, of which he regretted that he had no record. The patient was about thirty-five years of age—it was not her first confinement—she had been some hours in labour—the breech presented—rupture of the uterus took place, followed by vomiting of a very violent character, great exhaustion, partial escape of the presenting part into the abdominal cavity, and more or less discharge of blood from the os externum. After having given a dose of brandy and opium, Mr. Greenhalgh brought down the feet of the child, which he extricated without delay; the infant was still-born; the patient sank shortly afterwards from exhaustion.

He then detailed two doubtful cases of rupture. One was a first labour, the other an eighth—both female children. In the first, the pains were irregular and spasmodic—in the second, perfectly natural in recurrence, and above the average strength. In both the head presented; one was of natural conformation, the other hydrocephalic; the first was expelled by the unaided efforts of nature, the second by perforation; a sensation, as if something had given

way in the abdomen, during a pain, followed by a partial recession of the presenting part, was present in both cases; also great prostration, vomiting, but not of coffee-ground fluid, escape of blood from the vagina, and subsequently acute peritonitis. Both mothers recovered, and have since borne male children, without any untoward occurrence.

The author concluded by stating that he considered this accident more common than was generally supposed; that it far more frequently occurred in patients who had had many confinements, than in primiparæ; that the seat was usually found in the cervix uteri and upper part of the vagina; that ergot of rye might cause this accident, by increasing the action of an attenuated uterus, but not by producing any structural change in that organ. Finally, he drew the attention of the society to the various methods of delivery in these cases—by turning, by the forceps, and by perforation; and concluded by stating, that he was disposed to consider that the performance of the Cæsarian operation, in the case first recorded, would have given the patient a much better chance of recovery than the forcible attempts had recourse to for the extraction of the child.

January 27, 1849.

FRANCIS HIRD, Esq., President, in the Chair.

Dr. Routh narrated a case of Scarlatina, followed by purulent deposits.

The child was three years old, and was first taken ill on the 7th January, with symptoms of general fever. On the 8th, the eruption of scarlatina and an otitis made their appearance. The fever progressed favourably, and lasted eight days, or till the 15th. On the 17th, the mother noticed the desquamation of the cuticle. On the 18th, feverish symptoms again appeared, the otitic discharge having persisted throughout, and in no way diminished. Next morning, the 19th, the face and body were swelled, but pale. By accident, the mother noticed a swelling about the size of a goose's egg, in the left side of the abdomen. On the 22nd, a swelling about the size of a pigeon's egg appeared over the internal condyle of the right humerus.

Dr. Routh first saw the child on the 26th instant. The abdominal tumour was then about the size of two goose's eggs, evidently situated between the parietes of the abdomen. A similar swelling, about the size of a small hen's egg, was situated over the inner condyle of the right humerus. In both, fluctuation was very distinct. The surface of the skin was very pale. Over the abdominal tumour, however, one tortuous and enlarged purplish vein was noticed. The left humerus was swollen, and apparently œdematous, but pale, and tender to the touch. There was no œdema elsewhere. The aspect of the child was very unhealthy; the tongue rather brownish; the pulse quick and feeble. A puncture being

made with an exploring needle in the swelling on the right humerus, indicated the presence of pus.

The case was interesting as exemplifying a rare form of sequela of scarlatina—the pus being effused external to, and not within the joints, and also as being preceded by symptoms of renal dropsy.

In regard to the treatment, Dr. Routh asked whether the pus should be evacuated or not?

Mr. I. B. Brown exhibited two bandages, applicable in the treatment of Ovarian Dropsy.

The first, intended for the treatment with or without previous tapping, is made to lace up, and thus the amount of pressure can be daily increased. It is fitted with pieces of whalebone, to keep it smooth, and is secured round the thigh by straps. This bandage is equally beneficial as an abdominal support in other cases. The second form of bandage is applicable where pressure is required for a long time after tapping; it is simple in structure, and fastens by straps and buckles, and contains an air-cushion, which being emptied or filled lessens or increases the pressure as it is required, without the necessity of undoing the bandage.

Dr. Murphy exhibited a Fibrous Tumour, and read a history of the case, of which the following is an abstract:—

A woman applied to him, having the pelvis occupied almost entirely by a firm tumour, so that the os uteri was beyond the reach of the finger, and micturition impossible, except by the aid of a catheter. After a few days he was called to her, and then passed a gum elastic catheter to its full length, but obtained no urine, although she was suffering from sensations of retention of urine; she rapidly sank and died.

On opening the abdomen after death, a large tumour was found, which had displaced the intestines, and reached upwards to the umbilicus, and laterally to the iliac fossæ. The mass of the tumour lay on the left side, and had nearly incorporated the uterus, which, however, with the right ovary, was found projecting from its right margin. The bladder was contracted and empty; but the ureters, being compressed by the tumour, were enormously distended and tortuous. The kidneys were enlarged and in an advanced state of Bright's disease. The tumour proved to be fibrous, engaging the whole posterior wall of the uterus, the cervix being stretched for some inches along its anterior surface, and expanded over it. The uterus had been drawn out of the pelvis by the growth of the tumour. A small portion in its centre was softer and more friable than the remaining parts.

The author drew attention to the unusual position of the tumour, occupying the pelvis so completely as to displace the uterus entirely; to the advisability, if practicable, of pushing such a tumour out of the pelvis when small; and to the sensation of retention of urine, produced apparently by the distention of the ureters, the bladder being empty.

February 3, 1849.

JOHN WEBSTER, M.D., F.R.S., President, in the Chair.

Some cod-liver oil was exhibited, drawn from two livers presented to the Society by Mr. Wing. A discussion then took place on the use of this medicine.

February 10, 1849.

FRANCIS HIRD, Esq., President, in the Chair.

Mr. Benjamin Travers narrated a case of Hæmatemesis from ulceration of the Gastric Artery.

A widow, of middle age, and almost chlorotic in appearance, was seized with vomiting of blood; she rallied a little, but in the night was again attacked, threw up a large quantity, and shortly afterwards died. On a post mortem examination, the stomach was found to contain much grumous fluid, with a circular breech, like an ulcer, directly over the gastric artery, which was laid open by an orifice admitting the end of a blow-pipe. The peritoneum was healthy. None of her medical attendants had ever suspected the existence of ulceration in the stomach.

The audited abstract of the income and expenditure of the Society, up to the 31st December, 1848, was read.

The nomination of Fellows to fill the vacant offices of Vice-Presidents and Council then took place.

Mr. H. Smith Palmer read a case of Continued Fever, complicated with attacks resembling Ague.

A nobleman, aged seventy-six years, of a remarkably active and healthy character, yet suffering at times from bilious attacks, left town on 29th November last, for the day only, but was prevented returning home in the evening by an attack of illness resembling English cholera, gradually passing into continued fever, of a typhoid type, yet without delirium at any time. The urine became very offensive, and both it and the fœces were passed involuntarily, although not unconsciously. He was supported by wine and brandy, and other nutriments, and treated with hydrargyrum cum creta, &c.

On the night of December 18th, a profuse perspiration broke out, and all his symptoms were relieved; the tongue, instead of being dry and brown, became moist and clean; the pulse was not above the natural standard, and the urine much clearer. During the following night, however, he became as ill as before, so that his medical attendants conceived that he had ague. On December 22nd, he had a violent shivering fit, succeeded by heat, and continued to get worse until the 24th, at which time he was not expected to live many hours; but he rallied again surprisingly,

and on the 27th was very much improved in every respect. On the 28th, however, he had another rigor, and died during the collapse. No post-mortem examination was allowed.

February 17, 1849.

JOHN WEBSTER, M.D., F.R.S., President, in the Chair.

Mr. I. B. Brown exhibited a Fœtus, born prematurely, from Prolapsus of the Cord, as he supposed.

The mother, aged thirty-eight, had borne nine full grown children, and four prematurely. On most of these occasions she had had retention of the placenta after delivery, from adhesions to the fundus uteri. A fortnight since, Mr. Brown had been called to her, and found her suffering from periodical uterine pains, attended with considerable hæmorrhage: she declared herself to be six months pregnant. On examination he could not pass his finger into the cervix uteri. Opiates were administered, and the horizontal position ordered, under which treatment the pains ceased, but the hæmorrhage, to a slight extent, continued.

That morning he had found her suffering severe uterine pains, the funis presenting externally in a loop, the os uteri dilated, the head presenting, but no part of the placenta within reach; the latter eventually proved to be adherent, as usual, to the fundus uteri. The inner surface of the uterus where the placenta had adhered was nodulated; the parts separated were quite free from blood, the other parts black and congested. The liquor amnii had evidently escaped some long time previously. The child had been dead about four days.

Dr. Ogier Ward related a case of Ulceration of the Cœcum, with enlargement of the mesenteric glands, which formed a tumour in the right iliac fossa of a girl aged nineteen, who had never menstruated. The diseased parts were also exhibited.

The patient was of a sickly family, and had never been strong herself, the only appearance of menstruation being a very slight "show," four months since. She had been anæmic for the last three years, and during the last year had had wandering abdominal pains, supposed to be the access of the menses, but subsiding on fomentations being applied. The pains had been more frequent since the "show," but she was able to do the work of the house till January 13th, when Dr. Ward first saw her. Her bowels had been costive lately, but were then opened by medicine. The face had a slight hectic flush, the skin was hot and dry, the pulse 120, the tongue, hitherto pallid, was of a natural redness and moist; no appetite; no pain anywhere; no disease could be detected in the chest. The abdomen was soft and compressible in every part except the right iliac fossa, where a tumour existed, painful on

pressure, and of the size of an egg, defined upwards and towards the median line, but not downwards or outwards. The symptoms continued much the same till her death, on February 13th, but the fever, which assumed a remittent type, was completely controlled by quinine. Aphthæ formed in the mouth and peeled off in large flakes the day before her death.

The head was not examined; the lungs contained many miliary tubercles in the upper lobes; the stomach was large, and the lower portion of the œsophagus covered with a ragged coat of epithelium, like that on the tongue; the liver was enlarged, extending below the ribs of the right side and far to the left of the epigastrium; the lobuli were all tinged with bile, and appeared slightly fatty. The spleen was about three times the natural size, and the kidneys about twice as large, but apparently healthy. The omentum was adherent to the brim of the pelvis, and dragged down the transverse colon so as to conceal the small intestines. The lower portion of the ilium was ulcerated in spots down to the cœcum, which contained much fluid fœces and was enormously thickened by tubercular deposit under the peritoneum. The mucous membrane was completely destroyed by a large ulcerated surface extending about ten inches up the colon, and then terminating abruptly. The mesenteric glands were much enlarged by tubercular deposits. The uterus was healthy. The ovaries resembled sparrows' eggs in size, shape and colour, being enveloped in a cartilaginous membrane half a line thick. The tumour was formed partly by the cœcum and partly by the enlarged glands. Its want of definition downwards was caused by the diseased mass descending into the pelvis, where it had contracted firm adhesions to the surrounding parts.

Dr. Ward noticed that this case confirmed Louis's observations, that tubercles in the lungs always accompany that deposit in other organs.

Mr. I. B. Brown read a paper on Protracted Labour, induced by the twisting of the cord around the neck of the Fœtus.

He observed that obstetric writers had not mentioned these causes of protracted labour, yet they were not uncommon. He said, that where the cord is twisted round the neck of the child, it exerts so much traction upon the fundus uteri, as to interfere with the regular expulsive efforts,—that this is easily discovered by the peculiar pains, which are of only half their natural duration, and are cut short suddenly; the head receding after each pain, so that the patient says that they have done her no good;—that in these cases the child's head does not make "the turn" gradually, as usual, from the termination of the first stage of labour to the commencement of the second. The repeated expulsive efforts at last separate the placenta from the fundus uteri; the head then suddenly turns into the hollow of the sacrum, and the child is born after one or two pains, thus rendering hæmorrhage probable. The practitioner should, therefore, be in attendance, and grasp the uterus, not leaving off till the placenta is expelled, and the uterus firmly

contracted. An increased length of the cord may obviate any evil from a single coil around the neck of the child, but in most cases it is so much shortened by repeated coils as to produce the impediment alluded to.

The Ballot for the election of officers having closed, the following Fellows were declared elected officers of the Society for the ensuing year:—

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W. R. Rogers, M.D.	T. H. Tanner, M.D.

February 24, 1849.

FRANCIS HIRD, Esq., President, in the Chair.

Mr. Canton narrated the following case:—

A gentleman, aged 45, who had resided in a warm climate, had been for several years afflicted with a swelling in the left side of the scrotum, which had attained, by very gradual enlargement, the size of a small melon, producing no inconvenience, however, except from its bulk and weight. During its growth, it had occasionally been struck by the pommel of the saddle, whilst riding a restive horse. The tumour was oval, extending to the external abdominal ring, and the spermatic cord was obscurely to be felt behind; the testicle was nowhere to be distinguished; the surface was uniform, and the scrotum natural and unadherent; freely handling the tumour produced no pain or uneasy sensation; no impulse was to be felt on coughing; the patient could not remember whether the swelling had commenced from above or below; translucency and fluctuation were absent; pressure at the back and towards the lower part elicited no pain. A small

portion of the anterior surface was found, on careful examination, to be more yielding to the touch than the remaining part, and the sensation experienced was that of softness and elasticity.

In consultation with Mr. Hancock, it was agreed that the case was one of old hydrocele, with the tunica vaginalis considerably thickened, and a trochar was consequently passed into the tunic through the forepart of the tumour, as the least resisting part. There flowed, at once, through the canula, a thick, unctuous, brown fluid, which coagulated by heat. The size of the tumour, however, remained the same as before the operation. A few days afterwards, a considerable amount of lighter coloured fluid was drawn off, and at the next visit, Mr. Canton determined to lay open the sac, and endeavour to promote the formation of granulation by filling the cavity with lint. He accordingly made an incision from the upper to the lower part, through the cyst, the walls of which were nearly an inch in thickness. The testicle was now seen within, and situated lower down than in ordinary hydroceles, and appeared to be in every respect healthy. The patient suffered much from nausea, sickness, and constitutional irritation. At the expiration of a few days, these symptoms having abated, and the interior of the sac being found in a sloughy state, it was judged advisable to remove, by the knife, the whole of the disease, a fear being entertained that otherwise, from the indifferent state of the patient's health, the sloughing might extend, and in so doing involve other parts, whilst the low organization of the sac gave little encouragement to the hope of obliteration being effected by granulation—besides that the patient was urgent in his desire to have every unhealthy part removed. Under these circumstances, Mr. Canton carefully dissected the cyst, which was almost as consistent as cartilage, from the fore part of the spermatic cord, and from around the testicle, so as to leave the latter, which was quite healthy, freely suspended by the cord. No part of the scrotum was removed, and the integuments at the close of the operation were so contracted that the testicle could scarcely be returned to its place through the wound; this healed favourably, and the patient has since remained perfectly free from any inconvenience.

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